Approved for use through 7/31/2008, OMB 0851-0032

Under the Paperen	erk Reduction Ac	1 of 1993,	uo bausous sue te	quired to respon			923 () clay	DEPARTMENT ( 1373 a valid OMB	OF COMMERC	
Hinder the Peperwork Reduction Act of 1955, no persons are required to respond to a collection of information unter PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-975								Application or Docket Number		
4/28/05 CLAIMS AS FILED - PART I (Column 2) SMALL ENTITY								OTHER THAN OR SMALL ENTITY		
FOR NUMBER FILED MUMBER EXTRA				RATE	Τ	7		T		
BASIC FEE . (37 CFR 1.(6(a))						FEE	1	RATE	FEE	
TOTAL CLAMS D7 CFR LIGIO	1	7 mhus 2		1	150 x : 25.	+	• • • • • • • • • • • • • • • • • • •	300	<del>                                     </del>	
DEPENDENT CLAIR (37 CFR 1.16(b))	is /	entima		<del></del>	1 ——	+	OR	11.50	ļ	
AZIR TIPLE DEPENDE	W C1 A114 CDC		(37 CFR 1.16(d))	<del>\</del>	x s 100.	+	OR	x 1,200.		
	+3/80.	<del>                                     </del>	OR	+:360.						
* If the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL	L	OR	JATOT	<u> </u>	
CŁ	AA &A &MIA.	MENDEC	- PART II	•						
· 	(Column 1) (Column 2) (Column 3)				SMALL	ENTITY	OR		R THAN ENTITY	
Todal	REMAINING AFTER AMENDMENT	·	MIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
(E)	· 16	Minus	" 20	0	x: 25.		ОЯ	450		
Z Independent UI (27 CFR 1.15(b))	·	Minus	3	(/	x : 100.		OR	x , 200.		
FIRST PRESENTA	TICH OF LLR.TPI	LE DEPENO	ENT CLAIM (37 C	#R 1.15(4))	180.		OR	+:360		
10:					POTAL ADD'S FEE		OR	TOTAL		
HMS	(Column 1)		(Ontono 191		ADDE FEE	ـــــــا	UK	ADD'L FEE	L	
	CLAIMS		(Column 2) HIGHEST	(Column 3)	<del></del>		l	<b></b>		
Z //0/64	REMAINING AFTER AMENOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	٠	RATE	ADDI <sup>.</sup> TIDNAL FEE	
S Sacurated		Minus	.20	•	x s-20		OR	x : 50.		
Independent (profit Used)		Mirros	"3	* U	x:100.		OR	x . 200.		
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM GIT CFR 1.18(4)					+,180.		OR	+360.		
•					TOTAL ADD'L FEE	X	OR	TOTAL		
		<del>\</del>	\ \	ADD'L FEE						
	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)				г		
	REMAINING AFTER AMENOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total Total Corona tagge		Minus		8.	x = 25.		OR	x.50.	fEE	
tudependent		. Minus	**	•	x : 100 .		OR .	× 200.		
FIRST PRESENTAT	+=/80=		OR OR	+ ,360.						
TOTAL ADD'S FEE							OR	TOTAL ADD'T FEE		
if the entry in cots if the "Highest Mu	mber Previously	Paid For'	IN THIS SPACE :	is large thron 30 as	Nev 70"			L		
The "Highest Num."	inber Previously	Paid For I	N THIS SPACE (	s less than 2, and	M T.	_				

This collection of information is required by 37 CFR 1.16. The Information is anytized to obtain or retain a benefit by the public which is to file (and by the USPTO to process) as application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time with vary depending upon the individual case. Any comments on the amount of time you require to complete this time term and/or suggestions for reducing this bride that the form and/or suggestions for reducing this bride that the Crief Information Officer, U.S. Patient and Trademark Office, U.S. Ceparament of Commerce, P.O. Box 1450, Abstraction, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Abstracting, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.